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PLACE OF BIRTH ,

ARIZONA STATE BOARD OF HEALTH

1. County of Navajo BUREAU OF VITAL STATISTICS

District of _____ State Index No. 445

Town of Clay Springs ORIGINAL CERTIFICATE OF BIRTH

or _____ County Registrar No. 265

City of _____ Local Registrar No. _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Elena Marvina Brewer (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births.

4. Twin, triplet or other _____ 6. Legitimate? yes

5. No., in order of birth 6th 7. Date of birth Sept 19, 1924

Month Sept day 19 year 1924

FATHER		MOTHER	
8. Full name <u>George Grant Brewer</u>	14. Full maiden name <u>Lydia Ellen Ellsworth</u>	9. Residence (Usual place of abode) <u>Clay Springs Ariz</u>	15. Residence (Usual place of abode) <u>Clay Springs Ariz</u>
10. Color or race <u>white</u>	16. Color or race <u>white</u>	11. Age at last birthday <u>41</u> (Years)	17. Age at last birthday <u>33</u> (Years)
12. Birthplace (city or place) <u>Virgin City Utah</u>	18. Birthplace (city or place) <u>Taylor Ariz</u>	13. Occupation <u>Farmer</u>	19. Occupation <u>Housewife</u>
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) <u>6</u>		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN-OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:50 P.M. on the date above stated.

(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Given name added from a supplemental report _____

Signature Luther M. Webb (Physician or midwife)

Address Pinedale Arizona

Filed Oct 4 1924 Mrs. J. Edw. Brewer Local Registrar

Month, day, year.

Filed 10-20 1924 J. M. Marshall County Registrar

Registrar.

529-919-306